



Weekly Questionnaires

Date:

Session number:

Goal progress chart

Goal 1:

<p>Today I would rate my progress to this goal? Please mark (e.g. bold or highlight) the appropriate number below</p>									
1	2	3	4	5	6	7	8	9	10

Goal 2:

<p>Today I would rate my progress to this goal? Please mark (e.g. bold or highlight) the appropriate number below</p>									
1	2	3	4	5	6	7	8	9	10

Goal 3:

<p>Today I would rate my progress to this goal? Please mark (e.g. bold or highlight) the appropriate number below</p>									
1	2	3	4	5	6	7	8	9	10

How are things

Please mark (e.g. bold or highlight) the appropriate answers below with reference to the past week

		0	1	2	3
1	<i>My child worries when he/she thinks he/she has done poorly at something</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
2	<i>My child feels scared when taking a test</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
3	<i>My child worries when he/she thinks someone is angry with him/her</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
4	<i>My child worries about doing badly at school work</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
5	<i>My child worries about looking foolish</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
6	<i>My child worries about making mistakes</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
7	<i>My child worries about what other people think of him/her</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
8	<i>My child feels afraid if he/she has to talk in front of the class</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
9	<i>My child feels afraid that he/she will make a fool of him/herself in front of people</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>

Brief Parental Self Efficacy Scales

The following are a number of statements about you and your child. Please mark how much you agree or disagree with each one.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<i>1. Even though I may not always manage it, I know what I need to do with my child</i>					
<i>2. I am able to do the things that will improve my child's behaviour</i>					
<i>3. I can make an important difference to my child</i>					
<i>4. In most situations, I know what I should do to ensure that my child behaves</i>					
<i>5. The things I do make a difference to my child's behaviour</i>					

How is your child doing?

Thinking about the past week:

How much of an impact have my child's **seizures** had on my child's life?

No impact									Significant negative impact
1	2	3	4	5	6	7	8	9	10

Comments if any:

Thinking about the recent past:

Since the last phone call, are my child's mental health difficulties:

Much worse	A bit worse	About the same	A bit better	Much better

How much have my child's mental health difficulties been upsetting or distressing him/her?

Not at all	A little	A medium amount	A great deal

How much have my child's mental health difficulties been interfering with his/her everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
<i>Home life</i>				
<i>Friendships</i>				
<i>Ability to learn or work</i>				
<i>Leisure activities</i>				

Thinking about the future:

How much better do you think he/she will be in one month's time?

No better, maybe worse	Only a little better	Quite a lot better	A great deal better